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SERIAL NUMBER 10/724,663	FILING OR 371(c) DATE 12/01/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 1032-P00781US4
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/670,182 09/26/2000 ABN which is a CON of 08/922,905 09/03/1997 PAT 6,123,688
 which is a CIP of 08/699,998 08/20/1996 PAT 5,788,677
 which claims benefit of 60/002,630 08/22/1995
 and claims benefit of 60/004,450 09/29/1995
 and claims benefit of 60/005,895 10/26/1995
 and said 08/922,905 09/03/1997
 claims benefit of 60/025,342 09/03/1996
 and claims benefit of 60/050,797 06/26/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 18 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>[Signature]</i> Allowance <i>[Initials]</i>	Examiner's Signature	Initials		

ADDRESS

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TITLE

Pre-filled retractable needle injection ampoules

FILING FEE RECEIVED 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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